

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

MEDICAL RECORD OF FEDERAL
PRISONER IN TRANSIT

I. Name:	Baker Danny		No. 19613029
II. Departed From:	FDC Milan		On: 10-18-95
III. Destination:	MCK		Name of Institution
IV. Reason for Transfer:			PHOTOGRAPH
V. Major Diagnosis:	Healthy		
VI. Medication for Care Enroute:	None		
VII. Special Instructions:	None		
VIII. Work Classification:	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Food Service Qualified		<input checked="" type="checkbox"/> Restrictions (explain) <u>Not fully evaluated</u>
Recreation Classification:	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Restrictions (explain)		Housing <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Other
<u>Anderson / M.B.</u> <u>P.A.</u> Certifying Medical Staff Member <u>MARIO BAYONETO, PA</u>			
PROGRESS NOTES ENROUTE			
Date	Time	Institution*	Symptoms, Findings, Medications, Treatment, Orders, etc.
10-4-95			Ø PPD

INSTRUCTIONS: Original, shall be delivered to Officer in Charge of shipment, who will carry them on a clip board for ready reference and turn them over to the receiving medical personnel at holdover institutions, where they shall serve in lieu of other medical forms. Carbon copy to be packed with prisoner's individual medical file. Bus Drivers will pick up originals from medical department at each holdover institution when shipment is ready to proceed and eventually deliver them to the medical staff at receiving institution. Enter all medical transactions enroute, adding additional sheets, or other records as necessary.

* Signify "Bus" where indicated.

ORIGINAL - Transporting Officer

CANARY COPY - To be placed in Unit Health Record, top page in position one

PINK COPY - To be retained at the Transferring Institution as Backup

BP-149(60)

October 1980

000068

RECEIVED
CLERK'S OFFICE

000069

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPOTMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

10-4-95

S - Received FDC - Duigan

1325

0-8 nits, a size

A - Hx of drug abuse

P-informed sick call procedure

Mario Bayoneto
MARIO BAYONETO, Jr.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle Initial) <i>Baker, Darrel</i>		SEX	
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO. <i>19613-039</i>		
	DATE OF BIRTH <i>000000</i>		

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

MEDICAL RECORD OF FEDERAL
PRISONER IN TRANSIT

I. Name: <u>Baker, Danny</u>	No. <u>19613-034</u>
II. Departed From: <u>F.D.C. MILAN</u>	On: <u>8-7-95</u>
III. Destination: <u>ESM</u>	Name of Institution
IV. Reason for Transfer: <u>NON MEDICAL</u>	Name of Institution
V. Major Diagnosis: <u>hypertension</u>	PHOTOGRAPH
VI. Medication for Care Enroute: <u>med</u>	
VII. Special Instructions: <u>C.D.C. UNIVERSAL PRECAUTIONS ARE TO BE OBSERVED WHEN TRANSPORTING ANY INMATE.</u>	
VIII. Work Classification: <input type="checkbox"/> Regular <input type="checkbox"/> Food Service Qualified <input type="checkbox"/> Restrictions (explain) <u>not fully evaluated</u>	
Recreation Classification: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Restrictions (explain) _____	Housing <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Other _____

DAVE ANDERSON, HSA
 Certifying Medical Staff Member

PROGRESS NOTES ENROUTE

Date	Time	Institution*	Symptoms, Findings, Medications, Treatment, Orders, etc.
<u>6-9-95</u>			<u>Ø PPD</u>

INSTRUCTIONS: Original, shall be delivered to Officer in Charge of shipment, who will carry them on a clip board for ready reference and turn them over to the receiving medical personnel at holdover institutions, where they shall serve in lieu of other medical forms. Carbon copy to be packed with prisoner's individual medical file. Bus Drivers will pick up originals from medical department at each holdover institution when shipment is ready to proceed and eventually deliver them to the medical staff at receiving institution. Enter all medical transactions enroute, adding additional sheets, or other records as necessary.

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ORIGINAL - Transporting Officer

CANARY COPY - To be placed in Unit Health Record, top page in position one

PINK COPY - To be retained at the Transferring Institution as Backup

000072

BP-ADMIN 71
October 1980

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

6/8/95 32 BM NK (K)

1525 ⑤ R's intake screen

④ ⑤ *luc*?

(A) *Polysulfur abusus*

⑩ Informed written of the sign-up procedure

Steph Gudil PA

STEPHEN GIDEL, PA
PHYSICIAN ASSISTANT

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FDC-Milan, Mi.
Milan, MI 48160

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle initial) <u>BAKER, Darryl</u>			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO. <u>19613-039</u>		DATE OF BIRTH

CLINICAL RECORD				LABORATORY REPORTS			
ATTACH SD REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES							
<i>Baker, Darryl 19613-039</i>							
<i>FBI, McKeesport PO Box 5000 Bradford, PA 16701</i>							
<i>Baxter</i>							
LABORATORY REPORTS Standard Form 514							
<i>FDC Milb</i>							
<small>Prescribed by GSA/ICMR FIRMR [41 CFR] 201-45.505 October 1975 514-108</small>							
000075							

TEST	SPECIMEN	ROUTINE		DIFF	
		DATA	PERIOD	TEST	PERIOD
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> Hgb	<input type="checkbox"/> RBC	<input type="checkbox"/> DIFF	<input type="checkbox"/> WBC	<input type="checkbox"/> ALL
<input type="checkbox"/> PLT	<input type="checkbox"/> Hct	<input type="checkbox"/> WBC	<input type="checkbox"/> E.R.	<input type="checkbox"/> P.O.	<input type="checkbox"/> P.O.
REF. BY		N.D.		DATE	
118/118		3/14/94		3/14/94	
ORDERED BY		S. CZEKAL, MED. TECH.		Date	
PERFORMED BY		3 / 1 4 / 9 4		3 / 1 4 / 9 4	
Sample No.					
1 9 6 1 3 - 0 3 9					
WBC x10 ⁹ /L					
RBC x10 ¹² /L					
HGB g/dL					
HCT %					
MCV					
MCH					
MCHC g/dL					
PLT x10 ³ /μL					
MPV					
L					
Seg					
Band					
Lymph					
Mono					
Eosino					
Baso					
Amp Lymph					
Meta					
Myelo					
Nucleated					
Wbc					
Blast					
G-SON, MD					
Cytological Direct RBC					
Retic					

B/M/O/96-30-1962

HT/602 WT/190

HR/BK EY/BN

CUSTODY/

G-Comm

NO.

CLINICAL RECORD

LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE

Baker Darryl
19613-039
FBI - Miami

Baker, Darryl

114615-039

LABORATORY REPORTS

FDC-MILAN

16Aug 2004 07:49 FROM:LABCORP ! BLK TO:13304247188

L IRP PAGE 001
FCI Elkton-Camp. Medical

To:

Specimen #	Type	Primary Lab	Report Status
226-430-5050-0	R	CB	Final Pg 1
Additional Information			
Time 0900			
Specimen: THROAT			
Specimen ID: 34123615			
Patient Name:		Sex	Age (Y/M/D)
BAKER, DARYL		M	
Specimen Type:		Date Reported	
			0000

LabCorp
Laboratory Corporation of America

Clinical Information	
Physician ID	Patient ID
BARNES	19613039
Accepted	
FCI Elkton-Camp. Medical 34123615	
Fax# 330-424-7180	
8730 Scroggs Rd	
Elkton, OH 44415	
330-424-7448	

Fasting: N

RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
beta hemolytic streptococci A Only	Final report			CB
				CB

beta hemolytic Streptococci

Penicillin continues to be the drug of choice for infections caused by beta hemolytic streptococci in groups A,B,C and G. No penicillin resistance has been described among these organisms and surveillance for emerging resistance is not recommended. (Sahm, DF. Clinical Microbiology Newsletter, Jan. 1994; Gordon, KA, et al. Diagnostic Microbiology and Infectious Disease, June, 2002.)

Lab: CB LabCorp Dublin Director: Rose Goodwin, MD
6370 Wilcox Road Dublin, OH 43016-1296

For inquiries, the physician may contact: Branch: 800-542-7708 Lab: 614-889-1061
Last Page of Report

JANE M. BARNES
Physician Assistant

ROSS QUINN, M.D.
MEDICAL OFFICER

AUG 30 2004

8 pt Hg
pt 100
August 10
8/13/04

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-542-7708

REPORT

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Report Date: 08/16/04 Report Time: 07:47 ET All Rights Reserved

BAKER, DARYL

0000077

PAGE: 1

PATIENT: BAKER, DARRYL
 AGE: 33 YRS SEX: M
 DATE OF BIRTH: 06/30/62
 PATIENT ID NO.: 19613039
 COLLECTION TECH: RA
 SHANTY RDS
 140362-B 900 X

SAMPLE ID: 1101626
 DRWN: 02/22/96 13:30
 RCV'D: 02/26/96
 PRNTD: 02/27/96 12:30
 STATION:
 ROOM...:
 BED...:

REPORT ** ATTENDING PHYS: OLSON

NAME	NORMAL	OUT OF RANGE	UNITS	REFERENCE RANGE
FF	0			
RED COUNT	6.7 L		K/uL	4.6-10.2
W CELLS	4.66 L		M/uL	4.69-6.13
IN	13.1 L		g/dL	14.1-18.1
IT	41.7 L		%	43.5-53.7
	69.5		fL	80.0-97.0
	28.2		pg	27.0-31.2
	31.5 L		g/dL	31.8-35.4
COUNT.	213		K/uL	142-424
	13.3		%	11.6-14.8

DIFFERENTIAL

ILS	53.1	%	37.0-80.0
TES	41.0	%	10.0-50.0
S	1.8	%	0.0-12.0
ILS	3.9	%	0.0-7.0
S	0.2	%	0-3.0

DIFFERENTIAL CONFIRMED BY MANUAL OBSERVATION.
 NOTE: SAMPLE IS VERY OLD, RESULTS MAY BE INVALID

OLSON, MD
 CLINICAL DIRECTOR

KANE COMMUNITY HOSPITAL
 Clinical Laboratory
 N. Fraley St. P.O Box 778
 Kane, PA 16735
 James D. Blanding, Jr., M.D. Director (814) 837-8585

Patient: BAKER, 19613-039

Location: FCI

Darryl

Doctors: OLSON, DENNIS M.D.

 Case #: 39402
 Med Rec #: 16475
 Service: FCI

+++++ Hematology +++++

	WBC x10 ³	RBC x10 ⁶	HGB g/dl	HCT %	MCV fl	MCH pg	MCHC g/dl	PLT x10 ³
Ref	4.8	4.20	12.0	37.0	80	27.0	33.0	130
Range:	10.8	6.10	18.0	52.0	99	37.0	37.0	400
-----	-----	-----	-----	-----	-----	-----	-----	-----
12/08/95 1549	3.7 L	4.79	13.9	41.8	87	29.0	33.2	255
	RDW %	MPV fL	LYMH %	MONO %	GRAN %			
Ref	11.6	7.4	15.0	1.7	42.2			
Range:	16.5	11.0	41.0	9.3	75.2			
-----	-----	-----	-----	-----	-----	-----	-----	-----
12/08/95 1549	12.7	8.3	29.1	11.3 H	59.6			
MANUAL DIFF:	BAND %	SEG %	LYMPH %	MONO %	EOS %	BA SO %	META %	MYELO %
-----	-----	-----	-----	-----	-----	-----	-----	-----
12/08/95 1549	1	60	30	7	2			

↑ lym
 some X in WBC
 > v C B C

D. OLSON, MD
 CLINICAL DIRECTOR

S. Czekai, MT
 S. CZEKAI, MED. TECH.

000079

BAKER, 19613-039

FCI

06031962 M Age: 31

KELLY COMMUNITY HOSPITAL
 Clinical Laboratory
 N. Fraley St. P.O Box 778
 Kane, PA 16735
 James D. Blanding, JR., M.D. Director (814) 837-8585

Patient: BAKER, 19613-039

Darryl

Location: FCI MCKEAN

Doctors: OLSON, DENNIS M.D.

Case #: 37303
 Med Rec#: 16475
 Service: FCI

+++++ Hematology +++++

	WBC x10 ³	RBC x10 ⁶	HGB g/dl	HCT %	MCV fl	MCH pg	MCHC g/dl	PLT x10 ³
Ref	4.8	4.20	12.0	37.0	80	27.0	33.0	130
Range:	10.8	6.10	18.0	52.0	99	37.0	37.0	400
----	----	----	----	----	----	----	----	----
11/08/95 1604	3.3	4.61	13.9	39.4	86	30.2	35.3	222
	RDW %	MPV fl	LYMH %	MONO %	GRAN %			
Ref	11.6	7.4	15.0	1.7	42.2			
Range:	16.5	11.0	41.0	9.3	75.2			
----	----	----	----	----	----	----	----	----
11/08/95 1604	12.7	8.3	30.1	9.2	60.7			

*D. OLSON, MD
 CLINICAL DIRECTOR*

FCI, McKean
 PO Box 5000
 Bradford, PA 16701

S. CZEKAI, MT
 S. CZEKAI, MED. TECH.

BAKER, 19613-039
 11/08/95 13:05 Laboratory Daily Summary

000050
 FCI MCKEAN 06031962 M Age: 33
 Page # 1

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
210 EAST CENTER STREETLaboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674 EXT. 503

Page: 1

Printed: 06/14/1995 @ 14:17

* * * F I N A L R E P O R T * * *

Name: BAKER, DARYLL [9343] ID: 19613-039

--Test Name--Result-Abnormal-Flag--Units---Reference Range---

Collection Cmt. Collected by Referring Institution

COMP BLD CNT

White Blood Ct	4.4	x10 3/ml	3.8	10.8
Red Blood Ct	4.73	x10 6/ml	4.60	5.76
Hemoglobin	14.1	g/dl	14.0	16.0
Hematocrit	40.7	%	40.0	48.0
MCV	86	f1	83	96
MCH	29.7	pg	27.0	33.0
MCHC	34.6	%	32.0	35.0
RDW	12.1	%	0.0	14.0
Platelet Ct	202	x10 3	175	400

RPR Non-Reactive

-- End of Laboratory Report --

Tests | COMP BLD CNT
ordered |ID : 19613-039
Name: BAKER, DARYLL
Ordered By: DR. PARKER
Collected : 06/13/1995 09:00

DOB: 06/30/1962 Age: 32 Sex: M

Lab Acn#: 9343

Loc: FCI Milan CAMP

Reviewed

000081

FCI—ELKTON

FSL 2

NAME: DARRYL BAKER
 PATIENT #: 19613-039
 PHYSICIAN: QUINN
 D.O.S.: 3-28-05

CT SCAN OF THE ORBITS

HISTORY: Left orbital fracture.

TECHNIQUE: Axial and coronal sections are obtained through the orbits.

FINDINGS: The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinate process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

Impression:

1. There is a bony defect involving the posterior lateral aspect of the left orbital floor. I suspect this represents an area of previous fracture. A small amount of orbital fat extends into this area. The left inferior rectus muscle extends to this defect but not through the defect. It does not appear to be entrapped.
2. Minimal mucosal thickening, left maxillary sinuses. The remainder of the paranasal sinuses appear clear. No air fluid levels are identified.
3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

000082
4/13/05
MCH

4/13/05
MCH

FCI—ELKTON

FSU

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE BRAIN W/O CONTRAST

HISTORY: Left orbit fracture. ^o

TECHNIQUE: Axial sections are obtained from the base of the skull to the vertex. The patient also is having a CT scan of the orbits. Please see orbit report.

FINDINGS: The ventricular system is midline without evidence for hydrocephalus, mass effect, or midline shift. No intra-axial or extra-axial fluid collection or evidence for acute intracranial hemorrhage is seen. On the images obtained through the brain, the visualized portions of the paranasal sinuses and mastoid air cells appear clear.

Impression: Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

4-130

4-130
4-130

000083

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE BRAIN W/O CONTRAST

HISTORY: Left orbit fracture.

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Impression: Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

12105
MNL
MICHELE J. KELLY, R.N.
CLINICAL DIRECTOR

000084

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE ORBITS

HISTORY: Left orbital fracture.

TECHNIQUE: Axial and coronal sections are obtained through the orbits.

FINDINGS: The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinate process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

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3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

11/05
C.M.
2006
11/05/06
000085

FCI—ELKTON

NAME: **DARRYL BAKER**
PATIENT #: **19613-039**
PHYSICIAN: **QUINN**
D.O.S.: **3-28-05**

CT SCAN OF THE BRAIN W/O CONTRAST

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Impression: Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

40105
000086 MICHAEL J. KELLER, D.O.
CLINICAL DIRECTOR

FCI—ELKTON

NAME: DARRYL BAKER
 PATIENT #: 19613-039
 PHYSICIAN: QUINN
 D.O.S.: 3-28-05

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3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

40105
 9/6
 MICHAEL J. KELLY, D.O.
 CLINICAL NUMBER 000087

<<Page 1>>

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859	O	000225186	
BAKER, DARRYL			# 19613-039				Phone#: (814) 362-8900	Date: 04/09/04	
PO BOX 5000			BRADFORD				PA 16701	Time: 10:31	
Ref Phys:									
Att Phys: PHYSICIAN, OTHER							Adm Dx: LEFT EYE MUSCLE ENLARGEMENT		
Adm Phys:								Tech: JANB	
Procedure: 0400	CT - Brain and Orbit								
Approval #:							Explained to Pt: Y		
Req Phys: DR. BEAM							Preg: NA	Shielded: NA	
Reason: LEFT EYE MUSCLE ENLARGEMENT									
Priority: Routine									
Date to do: 04-09-04			<input checked="" type="radio"/>				Consent: Y	Prepped: Y	
Preg Status: Patient is Male							2nd Chk LMP: NA		
LMP Status:							Cont. Sensitive: N		
Alrgy/Food: NONE							Oral contrast: N		
Alrgy/Med: NONE							Alrgy: N		
Comments:							Lab Tests: N	Attempts: 1	
Handicap:							Contrast: OMNI		
Resuscitate:			High Risk Falls:				Dose: 90	Time: 10:30	
							Site: LT ELBOW	Tech: JANB	
							FOV: NA		

Radiologist: Mark J. Welch, MD

0400 CT - Brain and Orbit

Date Typed: 4/13/2004

REDUCTION:

CL ORBITS:

Apparently the patient has a history of a traumatic injury several months ago and is complaining of diplopia and difficulty with upper gaze. There is irregularity involving the floor of the orbit. This appears old. No obvious muscle entrapment is noted at this time however the inferior rectus is very close to the ridge. There is slight mucosal thickening however this appears chronic.

IMPRESSION;

Old fracture involving the floor of the orbit.

CT BRAIN:

Electronic verification by Mark J. Welch, MD

DISregard The
original CT report


J. BEAM, MD
FCI MCKEAN

H. BEAM, MD
FCI MCKEAN

000088

<<Page 2>>

*** BRADFORD REGIONAL MEDICAL CENTER ***
 116 INTERSTATE PARKWAY
 BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186
BAKER, DARRYL	# 19613-039						Phone#: (814) 362-8900	Date: 04/09/04	
PO BOX 5000			BRADFORD				PA 16701	Time: 10:31	
Ref Phys:									
Att Phys: PHYSICIAN, OTHER							Adm Dx: LEFT EYE MUSCLE ENLARGEMENT		
Adm Phys:								Tech: JANB	
Procedure: 0400 CT - Brain and Orbit									
Approval #:							Explained to Pt: Y		
Req Phys: DR. BEAM							Preg: NA	Shielded: NA	
Reason: LEFT EYE MUSCLE ENLARGEMENT									
Priority: Routine									
Date to do: 04-09-04									
Preg Status: Patient is Male							Consent: Y	Prepped: Y	
LMP Status:							2nd Chk LMP: NA		
Alrgy/Food: NONE							Cont. Sensitive: N		
Alrgy/Med: NONE							Oral contrast: N		
Comments:							Alrgy: N		
Handicap:							Lab Tests: N	Attempts: 1	
Resuscitate: High Risk Falls:							Contrast: OMNI		
							Dose: 90	Time: 10:30	
							Site: LT ELBOW	Tech: JANB	
							FOV: NA		

Radiologist: Mark J. Welch, MD

abnormal area of attenuation or enhancement is demonstrated. There is no evidence of mass effect or edema. The posterior fossa and brain stem are unremarkable.

IMPRESSION:

Normal CT brain.

gk

Electronic verification by Mark J. Welch, MD

*Disregard the
original CT report
This is the revised
reading*

MB
H. BEAM, MD
FCI MCKEAN

000089

*** BRADFORD REGIONAL MEDICAL CENTER ***
 116 INTERSTATE PARKWAY
 BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859	O		000225186

BAKER, DARRYL
 PO BOX 5000 BRADFORD
 Ref Phys: PA 16701

Phone#: (814) 362-8900
 PA 16701

Date: 04/09/04
 Time: 10:31

Att Phys: PHYSICIAN, OTHER
 Adm Phys: Adm Dx: LEFT EYE MUSCLE ENLARGEMENT
 Tech: JANB

Procedure: 0400 CT - Brain and Orbita

Approval #:

Req Phys: DR. BEAM

Reason: LEFT EYE MUSCLE ENLARGEMENT

Priority: Routine

Date to do: 04-09-04

Preg Status: Patient is Male

LMP Status:

Alrgy/Food: NONE

Alrg/Med: NONE

Comments:

Handicap:

Resuscitate: High Risk Falls:

Explained to Pt: Y

Preg: NA Shielded: NA

Consent: Y Prepped: Y

2nd Chk LMP: NA

Cont. Sensitive: N

Oral contrast: N

Alrgy: N

Lab Tests: N Attempts: 1

Contrast: OMNI

Dose: 90 Time: 10:30

Site: LT ELBOW Tech: JANB

FOV: NA

Radiologist: Mark J. Welch, MD

0400 CT - Brain and Orbita

Date Typed: 4/9/2004 Date Dictated: 4/9/2004

CT BRAIN AND ORBITS:

Axial scans of the brain were obtained before and after intravenous contrast administration. There is no displacement of the midline structures. The ventricular system is of average size and symmetric. No abnormal area of attenuation or enhancement is demonstrated. There is no evidence of mass effect or edema. The posterior fossa and brain stem are unremarkable. No mass is seen. No calcifications or soft tissue masses are noted.

IMPRESSION:

Normal CT brain and orbits.

Me

See revised
 reading
 H. BEAM, MD
 FCI MCKEAN

Electronic verification by Mark J. Welch, MD

REVIEWED BY:

H. BEAM, MD
 FCI MCKEAN
 4/13/04

4/15/04

000050

This report has been updated

* DEMAND PRINT REQUEST * 4413508-3

*** BRADFORD REGIONAL MEDICAL CENTER ***
 116 INTERSTATE PARKWAY
 BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186
BAKER, DARRYL							Phone#: (814) 362-8900		Date: 04/09/04
PO BOX 5000			BRADFORD				PA 16701		Time: 10:31
Ref Phys:									
Att Phys: PHYSICIAN, OTHER							Adm Dx: LEFT EYE MUSCLE ENLARGEMENT		
Adm Phys:									Tech: JANB
Procedure: 0400 CT - Brain and Orbita									
Approval #:							Explained to Pt: Y		
Req Phys: DR. BEAM							Preg: NA	Shielded: NA	
Reason: LEFT EYE MUSCLE ENLARGEMENT									
Priority: Routine									
Date to do: 04-09-04							Consent: Y	Prepped: Y	
Preg Status: Patient is Male							2nd Chk LMP: NA		
LMP Status:							Cont. Sensitive: N		
Alrgy/Food: NONE							Oral contrast: N		
Alrg/Med: NONE							Alrgy: N		
Comments:							Lab Tests: N	Attempts: 1	
Handicap:							Contrast: OMNI		
Resuscitate: High Risk Falls:							Dose: 90	Time: 10:30	
							Site: LT ELBOW	Tech: JANB	
							FOV: NA		

Radiologist: Mark J. Welch, MD
 0400 CT - Brain and Orbita

Date Typed: 4/9/2004 Date Dictated: 4/9/2004

CT BRAIN AND ORBITS:

Axial scans of the brain were obtained before and after intravenous contrast administration. There is no displacement of the midline structures. The ventricular system is of average size and symmetric. No abnormal area of attenuation or enhancement is demonstrated. There is no evidence of mass effect or edema. The posterior fossa and brain stem are unremarkable. No mass is seen. No calcifications or soft tissue masses are noted.

IMPRESSION:

Normal CT brain and orbits.

Me

REVIEWED BY
DR. BEAM
 4/12/04
 H. BEAM, MD
 ECJ MCKEAN

Ord.Date 07/25/01	BAKER, DARRYL ORRIN 19613-039 APPLY TO AFFECTED AREA TWO TIMES A DAY	R. GOLDE	Ord.Date 09/19/01	BAKER, DARRYL ORRIN 19613-039 APPLY TO AFFECTED AREA TWO TIMES A DAY	R. GOLDE (1)Refills
Rx # 7919	BACITRACIN/POLY B OINT	#1	Rx # 9184	KETOCONAZOLE 2% CRM	#1
Ord.Date 09/19/01	BAKER, DARRYL ORRIN 19613-039 APPLY SPARINGLY TWICE DAILY	R. GOLDE (0)Refills	Ord.Date 10/19/01	BAKER, DARRYL ORRIN 19613-039 APPLY SPARINGLY TWICE DAILY	S. MIDDLE (0)Refills
Rx # 9185	FLUOCINONIDE 0.05% CRM	#1	Rx # 9918	FLUOCINONIDE 0.05% CRM	#1
Ord.Date 05/17/02	BAKER, DARRYL ORRIN 19613-039 APPLY SPARINGLY TWICE DAILY	S. MIDDLE (1)Refills	Ord.Date 06/01/02	BAKER, DARRYL ORRIN 19613-039 TAKE ONE CAPSULE 4 TIMES DAILY UNTIL FINISHED	T. TYGER (3)Refills
Exp.Date 06/13/02	<i>DC 5/31/02</i>		Exp.Date 06/28/02		
Rx # 14828	FLUOCINONIDE 0.05% CRM	#1	Rx # 15168	DICLOXACILLIN 250 MG CAP	#28
Ord.Date 07/01/02	BAKER, DARRYL ORRIN 19613-039 TAKE ONE TABLET 4 TIMES DAILY UNTIL FINISHED	M. CONDO (1)Refills	Ord.Date 07/13/02	BAKER, DARRYL ORRIN 19613-039 TAKE ONE TABLET 4 TIMES DAILY UNTIL FINISHED	M. CONDO (0)Refills
Exp.Date 07/14/02			Exp.Date 07/17/02		
Rx # 15870	PENICILLIN VK 250 MG TAB	#28	Rx # 16118	PENICILLIN VK 250 MG TAB	#20
Ord.Date 07/20/02	BAKER, DARRYL ORRIN 19613-039 TAKE ONE TABLET 4 TIMES DAILY UNTIL FINISHED	M. CONDO (0)Refills	Ord.Date 08/08/02	BAKER, DARRYL ORRIN 19613-039 TAKE ONE CAPSULE 4 TIMES DAILY UNTIL FINISHED	T. TYGER (0)Refills
Exp.Date 07/26/02			Exp.Date 08/11/02		
Rx # 16270	PENICILLIN VK 250 MG TAB	#28	Rx # 16700	TETRACYCLINE HCL 250 MG CAP	#28

000092

REGNO: 19613-039
PATIENT: BAKER, DARRYL
DOB: 06-30-1962

ARS: A-DES
UNIT: (NO ASSIGNMENT)
QUARTERS: (NO ASSIGNMENT)

DISABILITIES: NONE

ALLERGIES: NONE

RX #: 400126784

DRUG: SELENIUM SULFIDE 2.5% LOTION, 120 ML

SIG: USE TWICE A WEEK AS DIRECTED ON BOTTLE

QTY: 1 # OF REFILLS: 2

PHYS: MIDDLEKAUFF, SCOTT FILLED BY: 23 ISSUE/EXPR: 07-13-00/10-11-00

DIVISION: FCI LORETTA (114) ACTIVE FILL DATE : 07-13-00

2 REFILLS LEFT

o

000093

Pharmacy Services
KEAN, PA 16701 814-362-8900

9202 J. GOMEZLON 11/20/19613-0
DARRYL TABLETS EVERY 8 HOURS WITH FOOD

FEN 400 MG TABLET \$30
0 REFILLS EXPIRES 12/20/19613-0
Pharmacy Services KEAN, PA 16701 814-362-8900

29203 J. GOMEZLON 11/20/19613-0
DARRYL TABLETS IMMEDIATELY THEN TAKE 1 TABLET 8 HOURS

ARBAMOL 500 MG. TABLET \$15
0 REFILLS EXPIRES 12/20/95
Pharmacy Services KEAN, PA 16701 814-362-8900

130960 T. MONTGOMERY 12/28/95
DARRYL 19613-039
1 OR 2 TABLETS 3 TIMES A DAY WITH FOOD

FEN 400 MG TABLET \$20
0 REFILLS EXPIRES 01/27/96
Pharmacy Services KEAN, PA 16701 814-362-8900

130961 T. MONTGOMERY 12/28/95
DARRYL 19613-039
1 TABLET 4 TIMES A DAY

CARBAMOL 500 MG. TABLET \$10
0 REFILLS EXPIRES 01/27/96
Pharmacy Services KEAN, PA 16701 814-362-8900

322638 J. GOMEZLON 01/30/96
DARRYL 19613-039
1 TABLET EVERY 8 HOURS WITH FOOD

FEN 800 MG TABLET \$20
0 REFILLS EXPIRES 02/29/96

Pharmacy Services
FCI MCKEAN, PA 16701 814-362-8900

RX400032639 J. GOMEZLON 01/30/96
BAKER, DARRYL TAKE 1 TABLET EVERY 6 TO 8 HOURS

METHOCARBAMOL 500 MG. TABLET \$12
RA 0 REFILLS EXPIRES 06/12/96

IBUPROFEN 400 MG TABLET \$21
RA 0 REFILLS EXPIRES 06/20/96
Pharmacy Services

FCI MCKEAN, PA 16701 814-362-8900

RX400034538 H. SIDHOM 03/11/96
BAKER, DARRYL TAKE 1 TABLET 4 TIMES A DAY

PSEUDOEPHEDRINE HCL 30 MG TABLET \$20
RA 0 REFILLS EXPIRES 04/10/96
Pharmacy Services

FCI MCKEAN, PA 16701 814-362-8900

RX400034539 H. SIDHOM 03/11/96
BAKER, DARRYL TAKE 2 TABLETS 3 TIMES A DAY AS NEEDED

ACETAMINOPHEN 325 MG TABLET \$30
RA 0 REFILLS EXPIRES 01/29/97

IBUPROFEN 800 MG TABLET \$15
CG 0 REFILLS EXPIRES 01/29/97
Pharmacy Services

FCI MCKEAN, PA 16701 814-362-8900

RX400037883 DR. A. GUNTHER 05/13/96
BAKER, DARRYL TAKE 1 TABLET 4 TIMES A DAY AS NEEDED

IBUPROFEN 400 MG TABLET \$20
RA 0 REFILLS EXPIRES 06/12/96
Pharmacy Services

FCI MCKEAN, PA 16701 814-362-8900

RX400037884 DR. A. GUNTHER 05/13/96
BAKER, DARRYL TAKE 1 TABLET 4 TIMES A DAY AS NEEDED

IBUPROFEN 800 MG TABLET \$21
CG 1 REFILLS EXPIRES 12/17/97
Pharmacy Services

FCI MCKEAN, PA 16701 814-362-8900

RX400064614 DR. D. OLSON 01/23/98
BAKER, DARRYL TAKE 1 TABLET 3 TIMES A DAY WITH FOOD AS NEEDED

METHOCARBAMOL 500 MG. TABLET \$12
RA 0 REFILLS EXPIRES 06/12/96
IBUPROFEN 800 MG TABLET \$21
CG 1 REFILLS EXPIRES 03/24/98

000094

Baker, Darryl
19613-039

RX400069481 T. MONTGOMERY 05/19/98
BAKER,DARRYL 19613-039
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

TRIPROFEN 800 MG TABLET #9
CG 0 REFILLS EXPIRES 05/27/98

Pharmacy Services
FCI MCKEAN, PA 16701 814-362-8900

RX400080567 W. FLATT 02/25/99
BAKER,DARRYL 19613-039
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

TRIPROFEN 800 MG TABLET #21
CG 1 REFILLS EXPIRES 04/26/99

Pharmacy Services
FCI MCKEAN, PA 16701 814-362-8900

RX400085431 W. FLATT 08/09/99
BAKER,DARRYL 19613-039
TAKE 1 OR 2 TABLETS 3 TIMES A DAY AS NEEDED
WITH FOOD

TRIPROFEN 400 MG TABLET #15
CG 1 REFILLS EXPIRES 09/18/99

000095

PROBLEM LIST

ACTIVE PROBLEMS	DATE NOTED	INACTIVE/RESOLVED PROBLEMS	DATE IF RESOLVED
1. NKA	10/3/95		
2. Hx Poly substance abuse	10/3/95		
3. 2/29/04 / NKA / Food / Environment			
4/15/04 (L orbital FX probably 2/27/04 w/ l entrapment (R superior rectus muscle -			
6/24/04 / NKA / Food (Environment - ? dust/mold/mold)			
6/24/04 Chronic Tonsillitis			
01/10/05 (AR)			
8-11-05 Hx (Orbital Fracture			

BAKER

DARRYL ORRIN 19613-039

NAME B/M/0/06-30-1962

HT/602 WT/190 HR/BK EY/BN

BIRTH DATE CUSTODY/

SS/REG. NO.

9)

PROBLEM LIST

(See 2042) 000096

Medication Summary Sheet

Chronic Conditions

Acute Conditions

Ord.Date 01/29/04	BAKER, DARRYL ORRIN 19613-039	S. LABROZZI (2)Refills
Exp.Date 04/27/04		
TAKE ONE TABLET FOUR TIMES DAILY FOR 10 DAYS, THEN TAKE ONE TABLET TWICE DAILY		
Rx # 162674		
Ord.Date 01/29/04	ERYTHROMYCIN DELAYED RELEASE 500 MG TAB #40	
Exp.Date 04/27/04		
BAKER, DARRYL ORRIN 19613-039		
S. LABROZZI (0)Refills		
TAKE ONE CAPSULE THREE TIMES DAILY AS NEEDED FOR ITCHING		
Rx # 162675		
Ord.Date 01/29/04	DIPHENHYDRAMINE 25 MG CAP #15	
Exp.Date 04/27/04		
BAKER, DARRYL ORRIN 19613-039		
S. LABROZZI (0)Refills		
TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED FOR PAIN		
Rx # 162676		
Ord.Date 03/11/04	IBUPROFEN 400 MG TAB #30	
Exp.Date 03/30/04		
BAKER, DARRYL ORRIN 19613-039		
H. BEAM,MD (0)Refills		
TAKE ONE CAPSULE FOUR TIMES DAILY		
Rx # 164649		
Ord.Date 03/11/04	CEPHALEXIN 500 MG CAP #28	
Exp.Date 03/17/04		
BAKER, DARRYL ORRIN 19613-039		
H. BEAM,MD (0)Refills		
INSTILL 2 DROPS IN THE LEFT EYE FOUR TIMES DAILY FOR 5 DAYS		
Rx # 164650		
Ord.Date 04/01/04	SULFACETAMIDE OPHTHALMIC SOLN 10% ML #1	
Exp.Date 04/30/04		
BAKER, DARRYL ORRIN 19613-039		
H. BEAM,MD (0)Refills		
TAKE ONE TABLET EACH DAY		
Rx # 165404		
Ord.Date 06/24/04	KETOCONAZOLE 200 MG TAB #21	
Exp.Date 09/21/04		
BAKER, DARRYL ORRIN 19613-039		
R. PIOTROWSKI (3)Refills		
INHALE 2 SPRAYS IN EACH NOSTRIL TWICE DAILY		
Rx # 169204		
Ord.Date 06/24/04	FLUNISOLIDE NASAL SPRAY 0.025% ML #1	
Exp.Date 07/07/04		
BAKER, DARRYL ORRIN 19613-039		
R. PIOTROWSKI (0)Refills		
TAKE ONE TABLET THREE TIMES DAILY FOR 10 DAYS		
Rx # 169203		
Ord.Date 06/24/04	ERYTHROMYCIN DELAYED RELEASE 500 MG TAB #30	

Ord.Date 03/31/03	BAKER, DARRYL ORRIN 19613-039	B. SAYLOR (0)Refills
Exp.Date 04/06/03		
TAKE ONE TABLET FOUR TIMES DAILY UNTIL FINISHED		
Rx # 145517		
Ord.Date 04/01/03	PENICILLIN VK 250 MG TAB #28	
Exp.Date 04/07/03		
BAKER, DARRYL ORRIN 19613-039		
H. BEAM,MD (0)Refills		
TAKE ONE CAPSULE FOUR TIMES DAILY UNTIL FINISHED		
Rx # 145586		
Ord.Date 04/01/03	CEPHALEXIN 500 MG CAP #28	
Exp.Date 05/28/03		
BAKER, DARRYL ORRIN 19613-039		
(2)Refills		
APPLY TO AFFECTED AREA 2 TIMES A WEEK AS DIRECTED **EXTERNAL USE ONLY**		
Rx # 145587		
Ord.Date 04/11/03	SELENIUM SULFIDE LOTION 2.5% ML #1	
Exp.Date 04/30/03		
BAKER, DARRYL ORRIN 19613-039		
H. BEAM,MD (0)Refills		
TAKE ONE CAPSULE FOUR TIMES DAILY		
Rx # 146355		
Ord.Date 04/11/03	CEPHALEXIN 500 MG CAP #40	
Exp.Date 07/09/03		
BAKER, DARRYL ORRIN 19613-039		
(2)Refills		
APPLY TO AREA, LATHER, THEN RINSE. USE 2 TIMES WEEKLY		
Rx # 146356		
Ord.Date 03/31/04	SELENIUM SULF LOTION 2.5% ML #1	
Exp.Date 04/13/04		
BAKER, DARRYL ORRIN 19613-039		
H. BEAM,MD (0)Refills		
TAKE ONE TABLET FOUR TIMES DAILY		
Rx # 165338		
Ord.Date 04/09/04	PENICILLIN VK 500 MG TAB #40	
Exp.Date 04/22/04		
BAKER, DARRYL ORRIN 19613-039		
H. BEAM,MD (0)Refills		
TAKE ONE TABLET FOUR TIMES DAILY		
Rx # 165811		
Ord.Date 04/22/04	PENICILLIN VK 500 MG TAB #40	
Exp.Date 05/05/04		
BAKER, DARRYL ORRIN 19613-039		
(0)Refills		
TAKE ONE TABLET FOUR TIMES DAILY		
Rx # 166299		
Ord.Date 05/05/04	PENICILLIN VK 500 MG TAB #40	

BP-8619.060 IMMUNIZATION RECORD CDFRM
AUG 96
U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TETANUS TOXOID

TUBERCULIN TESTS

DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ROUTE	PROVIDER/INSTITUTION	DATE READ	RESULTS (MM)	READ BY
10-1-97	Connught	2460-11	11-98	QFA	5TU ID	C. R. Miller, MD FCI Melrose	10/3/97	OXn	RCW
10-6-98	Connught	2480-11	7/99	QFA	0.1 ID	McLean, George C. R. Miller, MD	10/18/98	OXU	RCW
10/12/99	Connught	2500-11	5/5/99	QPA	5TU ID	C. R. Miller, MD	10/14/99	OXO	RCW
9/27/00	Connught	CO51AA	10/6/01	QFA	0.1cc/10	Galvin, ER/PCG PCG	9/29/00	8mm	RCW
9-12-01	Connught	CO619AA	1-2-02	QFA	0.1ml/10	Hodder, PCG PCG	9/14/01	4mm	RCW
9/17/02	Profectus	CO984/AA	5/14/04	QFA	0.1cc ID	EG, LRT, PCG, PCG	9/19/02	OXU	RCW
9/9/03	Park	001113P	5/04	QFA	0.1cc	Wright, PCG PCG	9/10/03	OXO	RCW
10/15/04	Aventis	C1336AA	01/05	QFA	0.1cc ID	FSL, ELLTON	10/18/04	OXO	RCW
10/16/04	Merck	00081	6/5/07	QFA	0.1cc ID	PCG	10/16/04	OXn	RCW

**Patient Identification
(Name, Reg #)**

(This form may be replicated via WP)

Darryl Baker

14613-839

000098

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be
made in block letters

VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars)

DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1					
2					
3					
4					
5					
6		○			

YELLOW FEVER VACCINE

DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1				
2				
3				

TYPHOID VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			4		
2			5		
3			6		

TETANUS-DIPHTHERIA TOXOIDS

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1	11/8/95 0.5 cc	DR. K. K. KEL, FMG PA	4		
2			5		
3			6		

CHOLERA VACCINE

DATE	PHYSICIAN'S NAME	DATE	PHYSICIAN'S NAME	DATE	PHYSICIAN'S NAME
1		4		7	
2		5		8	
3		6		9	

PATIENT'S IDENTIFICATION (Mechanically Imprint, Type or Print):

Darryl Baker

19613-039

601-105

Patient's Name—last, first, middle initial;
 Sex; Age or Year of Birth; Relationship to Sponsor;
 Component/Status; Department/Service.

Sponsor's Name—last, first, middle initial;
 Rank/Grade; SSN or Identification Number;
 Organization.

000099

IMMUNIZATION RECORD
 Standard Form 601—October 1975 (Rev.)
 General Services Administration & Interagency
 Committee on Medical Records
 1000 1000 1000 1000 1000

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	PHYSICIAN'S NAME		DATE	TYPE	DOSE	PHYSICIAN'S NAME
1					5				
2					6				
3					7				
4					8				

SENSITIVITY TESTS (Tuberculin, etc.)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	10/4/85	PPD	0.1cc	ID	0.0 mm	M. Doty
2	10/8/96	PPD	0.1	ID	0.0 mm (-)	D. OLSON, MD
3						
4						
5						

REMARKS:

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be
made in block letters

VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars)

DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1					
2					
3					
4					
5					
6					

YELLOW FEVER VACCINE

DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1				
2				
3				

TYPHOID VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			4		
2			5		
3			6		

TETANUS-DIPHTHERIA TOXOIDS

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			4		
2			5		
3			6		

CHOLERA VACCINE

DATE	PHYSICIAN'S NAME	DATE	PHYSICIAN'S NAME	DATE	PHYSICIAN'S NAME
1		4		7	
2		5		8	
3		6		9	

PATIENT'S IDENTIFICATION (Mechanically Imprint, Type or Print):

FCI, MILAN, MICHIGAN

Baker Daryl

19613-039

◀ Patient's Name—last, first, middle initial;
Sex; Age or Year of Birth; Relationship to Sponsor;
Component/Status; Department/Service.

◀ Sponsor's Name—last, first, middle initial;
Rank/Grade; SSN or Identification Number;
Organization.

IMMUNIZATION RECORD

Standard Form 601 - October 1975
General Services Administration and
Intelligence Community Major Commands
FEMP 100-1000

000101

POLIOVIRUS VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			3		
2			4		

INFLUENZA VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			3		
2			4		

OTHER IMMUNIZATIONS

DATE	TYPE	DOSE	PHYSICIAN'S NAME	DATE	TYPE	DOSE	PHYSICIAN'S NAME
1				5			
2				6			
3				7			
4				8			

SENSITIVITY TESTS (Tuberculin, etc.)

DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1 10-9-95	PPD	0.1cc	ID	0.0mm	M. Doty
2					
3					
4					
5					

REMARKS:

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be
made in block letters

VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars)

DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1					
2					
3					
4					
5					
6					

YELLOW FEVER VACCINE

DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1				
2				
3				

TYPHOID VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			4		
2			5		
3			6		

TETANUS-DIPHTHERIA TOXOIDS

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			4		
2			5		
3			6		

CHOLERA VACCINE

DATE	PHYSICIAN'S NAME	DATE	PHYSICIAN'S NAME	DATE	PHYSICIAN'S NAME
1		4		7	
2		5		8	
3		6		9	

PATIENT'S IDENTIFICATION (Mechanically Imprint, Type or Print):

BaLee Darryl
19613-039

601-105

Patient's Name—last, first, middle initial;
Sex; Age or Year of Birth; Relationship to Sponsor;
Component/Status; Department/Service.

Sponsor's Name—last, first, middle initial;
Rank/Grade; SSN or Identification Number;
Organization.

IMMUNIZATION RECORD

Standard Form 601—October 1975 (Rev.)
General Services Administration & Interagency
Committee on Medical Records
FIMMR (41 CFR) 201-45.505

000103

ORAL POLIOVIRUS VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	PHYSICIAN'S NAME		DATE	TYPE	DOSE	PHYSICIAN'S NAME
1					5				
2					6				
3					7				
4					8				

SENSITIVITY TESTS (Tuberculin, etc.)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	10-4-95	PPD	0.1cc	ID	0.0mm	m.Dou
2						
3						
4						
5						

REMARKS:

000104

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>BAKER, Daniel</i>				2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. <i>19413-089</i>																																																																																																																																																																							
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)				5. PURPOSE OF EXAMINATION FOOD HANDLERS' PHYSICAL		6. DATE OF EXAMINATION <i>7/13/00</i>																																																																																																																																																																							
7. SEX <i>M</i>	8. RACE <i>BLK</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT																																																																																																																																																																								
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LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	46. CHEST X-RAY (Place, date, film number and result)		
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

000105

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBES	56. TEMPERATURE					
57. BLOOD PRESSURE (Arm at heart level)					58. PULSE (Arm at heart level)					
A. SITTING	SYS. DIAS.	B. RECUMBENT	SYS. DIAS.	C. STANDING (5 min.)	SYS. DIAS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	59. DISTANT VISION		60. REFRACTION		61. NEAR VISION					
RIGHT 20/ CORR. TO 20/		BY		S. CX		CORR. TO		BY		
LEFT 20/ CORR. TO 20/		BY		S. CX		CORR. TO		BY		
62. HETEROPHORIA (Specify distance)										
ES°	EX°	R.H.	L.H.	PRISM DIV.		PRISM CONV. CT		PC	PD	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED
RIGHT LEFT										CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)						68. RED LENS TEST		69. INTRACULAR TENSION
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV /15 SV	/15	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV /15 SV	/15	RIGHT								
		LEFT								

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

PPD Status:

Date: 10/12/99 Results: 6 mm

CXR: (If applicable)

Date: _____ Results: _____

RPR Status:

Date: 4/14/95 Results: NR

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

The patient is able to work in Food Service: Yes No

The inmate received patient education and was advised to keep hands clean at all times while handling food, wear protective gloves when handling food, wash hands after using restroom and to report any suspicious rash or skin lesions, fever, night sweats or productive coughing to Health Services Staff. The patient voiced understanding of above instructions.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. IS QUALIFIED FORB. IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

MIDDLEKAFF PA-C

SIGNATURE

John M. M. C.

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL EXAMINATION

1. LAST NAME--FIRST NAME--MIDDLE NAME <i>Baker, Darrel</i>				2. GRADE AND COMPONENT OR POSITION <i>PFC</i>		3. IDENTIFICATION NO. <i>19613-039</i>																																																																																																																																						
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12. DATE OF BIRTH <i>76-30-62</i>		13. PLACE OF BIRTH <i>X Flint, Mi.</i>		16. OTHER INFORMATION																																																																																																																																								
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MOUTH AND THROAT			<input checked="" type="checkbox"/>	22. EARS--GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)			<input checked="" type="checkbox"/>	23. DRUMS (Perforation)			<input checked="" type="checkbox"/>	24. EYES--GENERAL (Visual acuity and refraction under items 55, 60 and 67)			<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC			<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)			<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements nystagmus)			<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)			<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)			<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)			<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)			<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, Fistulas, Prostate, if indicated)			<input checked="" type="checkbox"/>	33. 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44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>Restorable Teeth</td> <td>1</td> <td>2</td> <td>3</td> <td>Non- restorable Teeth</td> <td>1</td> <td>x</td> <td>2</td> <td>3</td> <td>Missing Teeth</td> <td>x</td> <td>x</td> <td>x</td> <td>Replaced by Dentures</td> <td>1</td> <td>x</td> <td>2</td> <td>3</td> <td>Fixed Partial Dentures</td> </tr> <tr> <td>32</td> <td>31</td> <td>30</td> <td>29</td> <td></td> <td>32</td> <td>31</td> <td>30</td> <td></td> <td>32</td> <td>31</td> <td>30</td> <td>x</td> <td>x</td> <td>x</td> <td>x</td> <td>x</td> <td>32</td> <td>31</td> <td>30</td> <td>x</td> <td></td> </tr> <tr> <td>R</td> <td>I</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>L</td> <td>E</td> <td>F</td> <td>T</td> </tr> <tr> <td>G</td> <td></td> <td>32</td> <td>31</td> <td>30</td> <td>29</td> <td>28</td> <td>27</td> <td>26</td> <td>25</td> <td>24</td> <td>23</td> <td>22</td> <td>21</td> <td>20</td> <td>19</td> <td>18</td> <td>17</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>H</td> <td></td> </tr> <tr> <td>T</td> <td></td> </tr> </table>								0	1	2	3	Restorable Teeth	1	2	3	Non- restorable Teeth	1	x	2	3	Missing Teeth	x	x	x	Replaced by Dentures	1	x	2	3	Fixed Partial Dentures	32	31	30	29		32	31	30		32	31	30	x	x	x	x	x	32	31	30	x		R	I	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L	E	F	T	G		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17					H																						T																					
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45. URINALYSIS: A. SPECIFIC GRAVITY <table border="1"> <tr> <td>B. ALBUMIN</td> <td colspan="2">D. MICROSCOPIC</td> </tr> <tr> <td>C. SUGAR</td> <td colspan="2"></td> </tr> </table>								B. ALBUMIN	D. MICROSCOPIC		C. SUGAR			46. CHEST X-RAY (Place, date, film number and result)																																																																																																																														
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47. SEROLOGY (Specify test used and result)				48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS				000107																																																																																																																																	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6'2"	52. WEIGHT 202	53. COLOR OF HAIR black	54. COLOR OF EYES brown	55. BUILD A. SLENDER B. MEDIUM C. HEAVY	56. TEMPERATURE 97.8
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)	
A. SITTING SITTING	SYS. 120	B. RECUMBENT DIAS. 84	C. STANDING DIAS. (5 min.)	SYS. 86	A. SITTING B. AFTER EXERCISE C. 2 MIN. AFTER D. RECUMBENT E. AFTER STANDING 3 MIN.
59. DISTANT VISION RIGHT 20/20 CORR. TO 20/20 LEFT 20/20 CORR. TO 20/20				60. REFRACTION BY S. CX	
				61. NEAR VISION CORR. TO BY	
62. HETEROPHORIA (Specify distance)				CORR. TO BY	

ES°	EX°	R.H.	L.H.	PRISM DIV.	PRISM CONV.	PC	PD				
63. ACCOMMODATION (mu)				64. COLOR VISION (Test used and result) N/A		65. DEPTH PERCEPTION (Test used and score)					
RIGHT	LEFT					UNCORRECTED					
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)		68. RED LENS TEST					
						69. INTRACOULAR TENSION					
70. HEARING (mu)				71. AUDIOMETER		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2895	4000 4096	6000 6144	8000 8192
LEFT WV	/15 SV	/15		RIGHT							
				LEFT							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1) O-HO significant hx,
 2) Self - hx. - nothing significant
 Car accident & liver function when pt. in childhood

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Some blood in stool, x 2 months - red at the end of defecation
 33 y.o. ♂ EHM otherwise.

75. RECOMMENDATIONS-FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Occult Stool exams

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. IS QUALIFIED FOR
 B. IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

Rehydrated

B. PHYSICAL CATEGORY

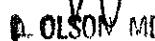
A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

 K. PEL, FMG PA

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

 D. OLSON MD

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (If not a medical director)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

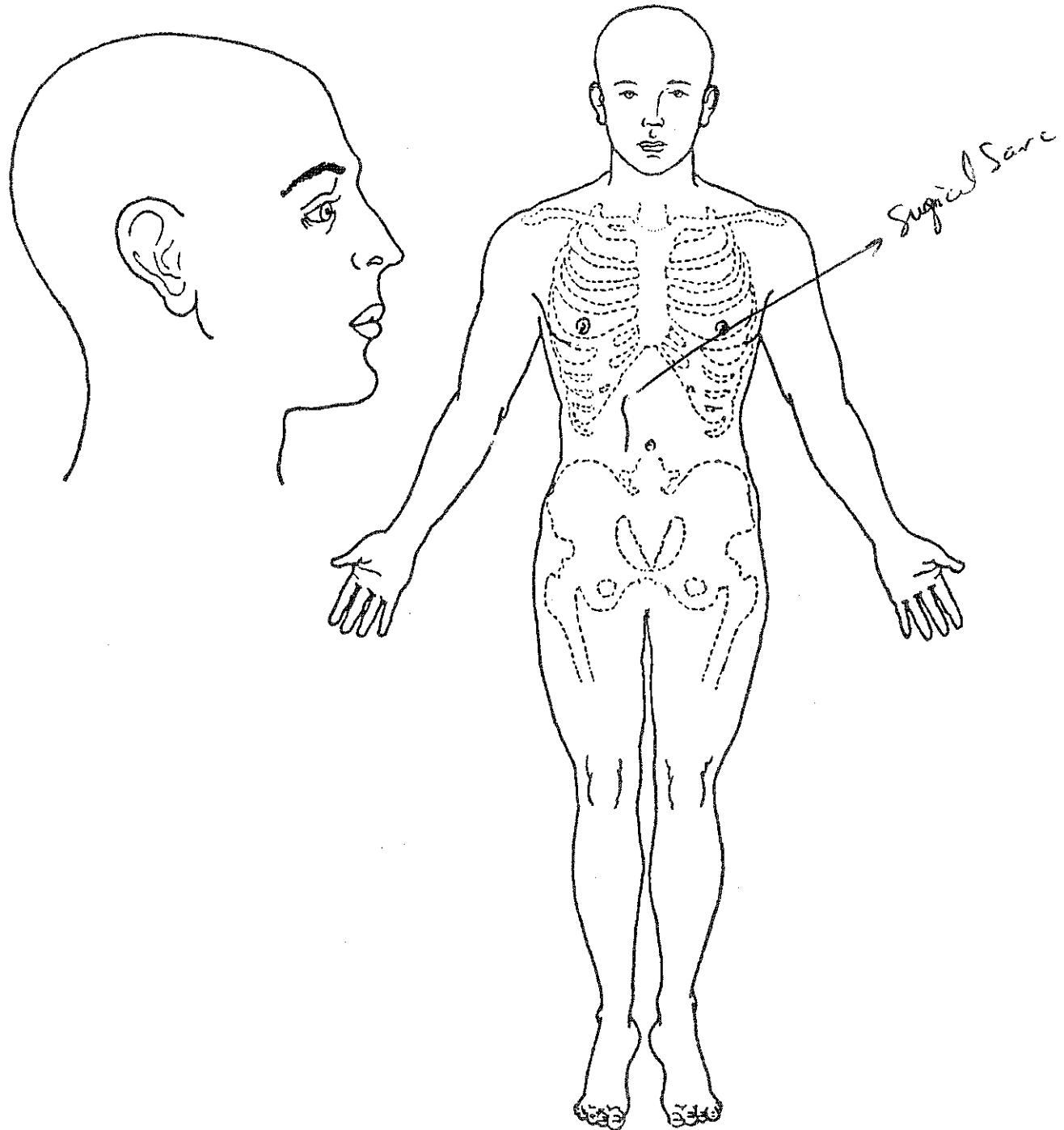
NUMBER OF ATTACHED SHEETS

531-110

NSN 7540-00-634-4274

MEDICAL RECORD

ANATOMICAL FIGURE



PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate, hospital or medical facility.)

REGISTER NO.

19613-039

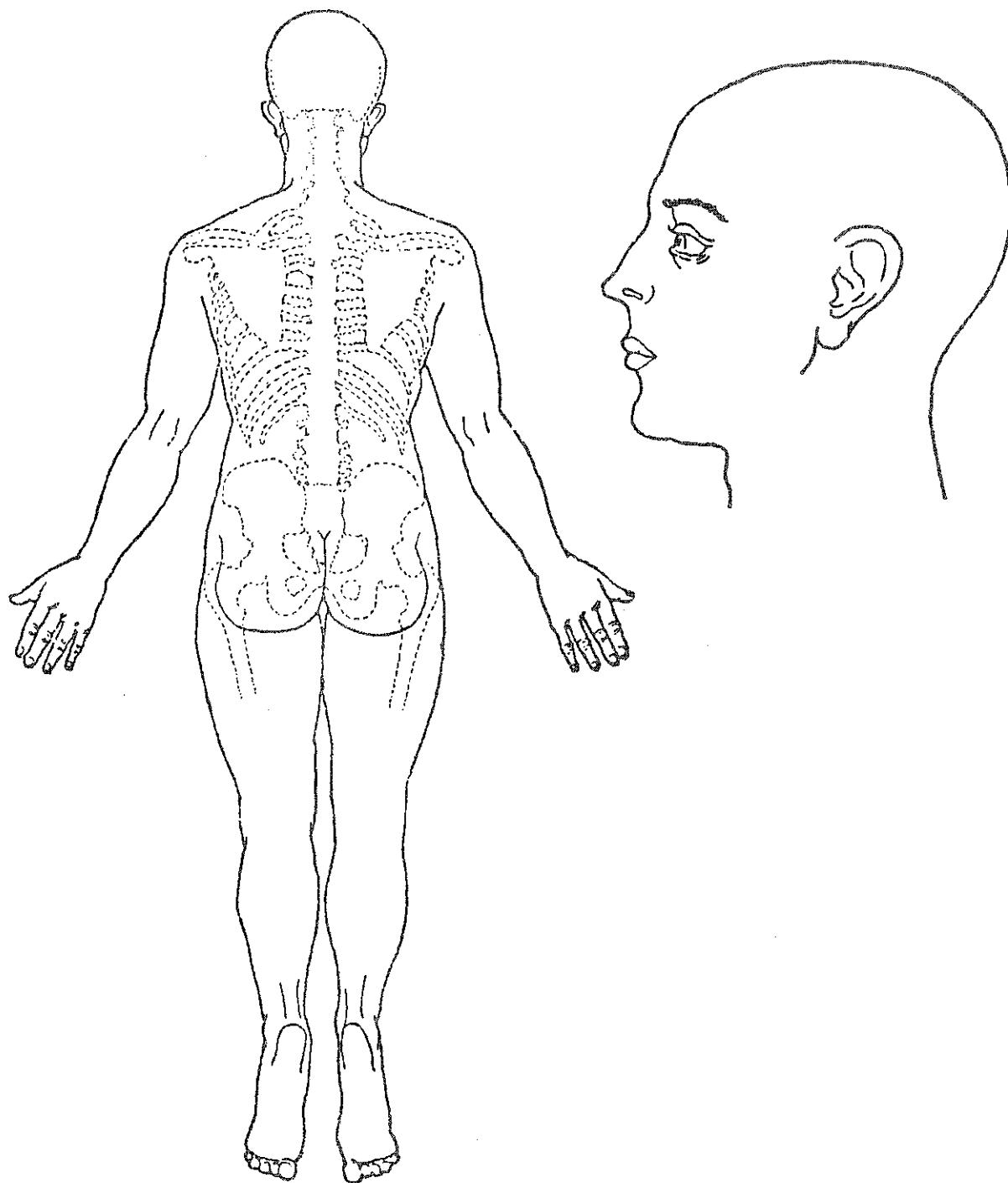
WARD NO.

Darryl Barker

ANATOMICAL FIGURE

STANDARD FORM 531 (Rev. 4-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

000109



000110